

GENERAL ASSEMBLY COMMONWEALTH OF KENTUCKY

2014 REGULAR SESSION

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ALISON LUNDERGAN GRIMES
SECRETARY OF STATE
COMMONWEAUTH OF KENTUCKY

1	AN ACT relating to insurance.
2	Be it enacted by the General Assembly of the Commonwealth of Kentucky:
3	→SECTION 1. A NEW SECTION OF SUBTITLE 3 OF KRS CHAPTER 304 IS
4	CREATED TO READ AS FOLLOWS:
5	As used in Sections 1 to 8 of this Act and Section 9 of this Act:
6	(1) "Insurance group" means, for the purpose of conducting an ORSA, those
7	insurers and affiliates included within an insurance holding company system as
8	defined in KRS 304.37-010.
9	(2) "Insurer" has the same meaning as in KRS 304.37-010.
10	(3) "Own Risk and Solvency Assessment" (ORSA) means a confidential internal
11	assessment, appropriate to the nature, scale, and complexity of an insurer or
12	insurance group, conducted by that insurer or insurance group of the material
13	and relevant risks associated with the insurer's or insurance group's current
14	business plan, and the sufficiency of capital resources to support those risks.
15	(4) "ORSA Guidance Manual" means the current version of the Own Risk and
16	Solvency Guidance Manual developed and adopted by the National Association
17	of Insurance Commissioner (NAIC) and as may be amended from time to time. A
18	change in the ORSA Guidance Manual shall be effective on January 1 following
19	the calendar year in which the changes have been adopted by the NAIC.
20	(5) "ORSA Summary Report" means a confidential high-level summary of an
21	insurer's or insurance group's ORSA.
22	→ SECTION 2. A NEW SECTION OF SUBTITLE 3 OF KRS CHAPTER 304 IS
23	CREATED TO READ AS FOLLOWS:
24	The requirements of Sections 1 to 8 of this Act and Section 9 of this Act shall
25	apply to all insurers domiciled in this state, unless exempt pursuant to Section 6 of this
26	Act.
27	→ SECTION 3. A NEW SECTION OF SUBTITLE 3 OF KRS CHAPTER 304 IS

1	CREATED TO READ AS FOLLOWS:
2	(1) An insurer shall maintain a risk management framework to assist the insurer
3	with identifying, assessing, monitoring, managing, and reporting on its material
4	and relevant risks.
5	(2) The requirement of subsection (1) of this section may be satisfied if the insurance
6	group of which the insurer is a member maintains a risk management framework
7	applicable to the operations of the insurer.
8	→SECTION 4. A NEW SECTION OF SUBTITLE 3 OF KRS CHAPTER 304 IS
9	CREATED TO READ AS FOLLOWS:
10	(1) Except as provided in Section 6 of this Act, an insurer or the insurance group of
11	which the insurer is a member shall regularly conduct an ORSA consistent with
12	a process comparable to the ORSA Guidance Manual.
13	(2) The ORSA shall be conducted no less often than annually, but also at any time
14	when there are significant changes to the risk profile of the insurer or the
15	insurance group of which the insurer is a member.
16	→SECTION 5. A NEW SECTION OF SUBTITLE 3 OF KRS CHAPTER 304 IS
17	CREATED TO READ AS FOLLOWS:
18	(1) (a) Upon the commissioner's request, and no more than once each year, an
19	insurer shall submit to the commissioner an ORSA Summary Report or any
20	combination of reports that together contain the information described in
21	the ORSA Guidance Manual applicable to the insurer or the insurance
22	group of which the insurer is a member.
23	(b) Notwithstanding any request from the commissioner, if the insurer is a
24	member of an insurance group, the insurer shall submit the report required
25	by paragraph (a) of this subsection if the commissioner is the lead state
26	commissioner of the insurance group, as determined by the procedures
27	within the Financial Analysis Handbook adopted by the NAIC.

1	(2) The report shall include the signature of the insurer's or insurance group's chief
2	risk officer or other executive having responsibility for the oversight of the
3	insurer's enterprise risk management process, attesting to the best of his or her
4	belief and knowledge that the insurer applies the enterprise risk management
5	process described in the ORSA Summary Report and that a copy of the report has
6	been provided to the insurer's board of directors or the appropriate committee
7	thereof.
8	(3) An insurer may comply with subsection (1) of this section by providing the most
9	recent and substantially similar report, provided by the insurer or another
10	member of an insurance group of which the insurer is a member, to the
11	commissioner of insurance of another state or to a supervisor or regulator of a
12	foreign jurisdiction, if the report provides information that is comparable to the
13	information described in the ORSA Guidance Manual. Any such report in a
14	language other than English shall be accompanied by a translation of the report
15	into the English language.
16	→ SECTION 6. A NEW SECTION OF SUBTITLE 3 OF KRS CHAPTER 304 IS
17	CREATED TO READ AS FOLLOWS:
18	(1) An insurer shall be exempt from the requirements of Sections 1 to 8 of this Act
19	and Section 9 of this Act if:
20	(a) The insurer has annual direct written and unaffiliated assumed premium in
21	an amount less than five hundred million dollars (\$500,000,000), including
22	international direct and assumed premium, but excluding premiums
23	reinsured with the Federal Crop Insurance Corporation or the Federal
24	Flood Program; and
25	(b) The insurance group of which the insurer is a member has annual direct
26	written and unaffiliated assumed premium in an amount less than one
27	hillion dollars (\$1,000,000,000), including international direct and assumed

ı		premium, vui excitating premiums reinsurea with the Federal Crop
2		Insurance Corporation or the Federal Flood Program.
3	<u>(2)</u>	If an insurer qualifies for exemption pursuant to subsection (1)(a) of this section,
4		but the insurance group of which the insurer is a member does not qualify for the
5		exemption pursuant to subsection (1)(b) of this section, the ORSA Summary
6		Report that may be required pursuant to Section 5 of this Act shall include every
7		insurer within the insurance group. This requirement may be satisfied by the
8		submission of more than one ORSA Report for any combination of insurers,
9		provided any combination of reports includes every insurer within the insurance
10		group.
11	<u>(3)</u>	If an insurer does not qualify for exemption pursuant to subsection (1)(a) of this
12		section, but the insurance group of which it is a member qualifies for exemption
13		pursuant to subsection (1)(b) of this section, the only ORSA Summary Report
14		that may be required pursuant to Section 5 of this Act shall be the report
15		applicable to the insurer that does not qualify for the exemption.
16	<u>(4)</u>	An insurer that does not qualify for exemption pursuant to subsection (1) of this
17		section may apply to the commissioner for a waiver from the requirements of
18		Sections 1 to 8 of this Act and Section 9 of this Act, based upon unique
19		circumstances. In deciding whether to grant the insurer's request for waiver, the
20		commissioner may consider the type and volume of business written, ownership
21		and organizational structure of the insurer, and any other factor the
22		commissioner considers relevant to the insurer or insurance group of which the
23		insurer is a member. If the insurer is part of an insurance group, with insurers
24		domiciled in more than one state, the commissioner shall coordinate with the
25		lead state commissioner and with the other domiciliary commissioners in
26		considering whether to grant the insurer's request for a waiver.
27	(5)	Notwithstanding the exemptions stated in this section:

l	(a) The commissioner may require that an insurer maintain a risk
2	management framework, conduct an ORSA, and file an ORSA Summary
3	Report based on unique circumstances including but not limited to the type
4	and volume of business written, ownership and organizational structure,
5	federal agency requests, and international supervisor requests.
6	(b) The commissioner may require that an insurer maintain a risk
7	management framework, conduct an ORSA, and file an ORSA Summary
8	Report if the insurer:
9	1. Has risk-based capital for a company action level event as set forth in
10	KRS 304.3-120, 304.3-190, and 304.38-070, and any applicable
11	administrative regulations;
12	2. Meets one (1) or more of the standards of an insurer deemed to be in
13	hazardous financial condition as defined in KRS 304.2-065 and any
14	applicable administrative regulations; or
15	3. Otherwise exhibits qualities of a troubled insurer as determined by the
16	commissioner.
17	(6) If an insurer that qualifies for an exemption pursuant to subsection (1) of this
18	section then subsequently does not qualify for that exemption due to changes in
19	premium as reflected in the insurer's most recent annual statement or in the most
20	recent annual statements of the insurers within the insurance group of which the
21	insurer is a member, the insurer shall have one (1) year, following the year the
22	threshold is exceeded, to comply with the requirements of Sections 1 to 8 and
23	Section 9 of this Act.
24	→SECTION 7. A NEW SECTION OF SUBTITLE 3 OF KRS CHAPTER 304 IS
25	CREATED TO READ AS FOLLOWS:
26	(1) The ORSA Summary Report shall be prepared in accordance with the ORSA
27	Guidance Manual, subject to the requirements of subsection (2) of this section.

1	Documentation and supporting information shall be maintained and made
2	available upon examination or request by the commissioner.
3	(2) The review of the ORSA Summary Report, and any additional requests for
4	information, shall be made using similar procedures currently used in the
5	analysis and examination of multi-state or global insurers and insurance groups.
6	→SECTION 8. A NEW SECTION OF SUBTITLE 3 OF KRS CHAPTER 304 IS
7	CREATED TO READ AS FOLLOWS:
8	(1) Documents, materials, or other information, including the ORSA Summary
9	Report, in the possession of or control of the department that are obtained by,
10	created by, or disclosed to the commissioner or any other person pursuant to
11	Sections 1 to 8 of this Act and Section 9 of this Act, are recognized as being
12	proprietary and containing trade secrets. All documents, materials, or other
13	information shall be confidential by law and privileged, and shall not be subject
14	to disclosure under the Kentucky Open Records Act, KRS 61.872 to 61.884, and
15	shall not be subject to subpoena, discovery, or admission as evidence in any
16	private civil action. However, the commissioner is authorized to use the
17	documents, materials, or other information in the furtherance of any regulatory
18	or legal action brought as a part of the commissioner's official duties. The
19	commissioner shall not otherwise make the documents, materials, or other
20	information public without the prior written consent of the insurer.
21	(2) Neither the commissioner nor any person who received documents, materials, or
22	other ORSA-related information through examination or otherwise, while acting
23	under the authority of the commissioner or with whom such documents,
24	materials, or other information are shared pursuant to Sections 1 to 8 of this Act
25	and Section 9 of this Act, shall be permitted or required to testify in any private
26	civil action concerning any confidential documents, materials, or information
27	subject to subsection (1) of this section.

1	<u>(3)</u>	To	assist in the performance of the commissioner's regulatory duties, the
2		com	missioner:
3		<u>(a)</u>	May share documents, materials, or information, upon request, subject to
4			subsection (1) of this section, including proprietary information or trade
5			secrets, with other state, federal, and international financial regulatory
6			agencies, including members of any supervisory college, as defined in KRS
7			304.37-010, the NAIC, and any third-party consultants designated by the
8			commissioner, provided that the recipient agrees in writing to maintain the
9			confidentiality and privileged status of the ORSA-related documents,
10			materials, or other information, and has verified in writing the legal
l 1			authority to maintain confidentiality;
12		<u>(b)</u>	May receive documents, materials, or other ORSA-related information
13			including confidential and privileged documents, materials, or information
14			including proprietary and trade-secret information or documents, from
15			regulatory officials of other foreign or domestic jurisdictions, including
16			members of any supervisory college, as defined in KRS 304.37-010, and the
17			NAIC, and shall maintain as confidential or privileged any documents,
18			materials, or information received with notice or the understanding that it is
19			confidential or privileged under the laws of the jurisdiction that is the
20			source of the document, material, or information; and
21		<u>(c)</u>	Shall enter into a written agreement with the NAIC or a third-party
22			consultant governing the sharing and use of information provided pursuant
23			to this section that shall:
24			1. Specify procedures and protocols regarding the confidentiality and
25			security of information shared with the NAIC or a third-party
26			consultant pursuant to this section, including procedures and
2.7			protocols for sharing by the NAIC with other state regulators from

I			states in which the insurance group has domiciled insurers. The
2			agreement shall provide that the recipient agrees in writing to
3			maintain the confidentiality and privileged status of the ORSA-related
4			documents, materials, or other information, and has verified in
5			writing the legal authority to maintain confidentiality;
6		<u>2.</u>	Specify that ownership of information shared with the NAIC or a
7			third-party consultant pursuant to this section shall remain with the
8			commissioner, and that the NAIC's or third-party consultant's use of
9			the information is subject to the direction of the commissioner;
10		<u>3.</u>	Prohibit the NAIC or third-party consultant from storing the shared
11			information pursuant to this section in a permanent database after the
12			analysis is completed;
13		<u>4.</u>	Require prompt notice be given to an insurer whose confidential
14			information in the possession of the NAIC or a third-party consultant
15			pursuant to this section is subject to a request or subpoena to the
16			NAIC or a third-party consultant for disclosure or production;
17		<u>5.</u>	Require the NAIC or a third-party consultant to consent to
18			intervention by an insurer in any judicial or administrative action in
19			which the NAIC or a third-party consultant may be required to
20			disclose confidential information about the insurer that was shared
21			with the NAIC or a third-party consultant pursuant to this section;
22			<u>and</u>
23		<u>6.</u>	If an agreement involves a third-party consultant, provide for the
24			insurer's written consent.
25	<u>(4)</u>	The shar	ing of information and documents by the commissioner pursuant to this
26		section s	shall not constitute a delegation of regulatory authority and the
27		a a manaiss	ioner shall he solely responsible for the administration execution and

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1	enforcement of the provisions of this section.		
2	(5) No waiver of any applicable privilege or claim of confidentiality in the		
3	documents, proprietary and trade-secret materials, or other ORSA-related		
4	information shall occur as a result of disclosure of the ORSA-related information		
5	or documents to the commissioner under this section or as a result of sharing as		
6	authorized in this section.		
7	(6) Documents, materials, or other information in the possession or control of the		
8	NAIC or a third-party consultant pursuant to this section shall be confidential by		
9	law and privileged, shall not be subject to the Kentucky Open Records Act, KRS		
10	61.872 to 61.884, shall not be subject to subpoena, and shall not be subject to		
11	discovery or admissible in evidence in any private civil action.		
12	→SECTION 9. A NEW SECTION OF SUBTITLE 99 OF KRS CHAPTER 304		
13	IS CREATED TO READ AS FOLLOWS:		
14	Any insurer failing, without just cause, to timely file the ORSA Summary Report as		
15	required by Section 5 of this Act shall be required, after notice and hearing, to pay a		
16	penalty of one hundred dollars (\$100) for each day's delay. The maximum penalty		
17	under this section is one thousand dollars (\$1,000). The commissioner may reduce the		
18	penalty if the insurer demonstrates to the commissioner that the imposition of the		
19	penalty would constitute a financial hardship to the insurer.		
20	→ Section 10. KRS 304.32-130 is amended to read as follows:		
21	The commissioner shall not issue or renew a certificate of authority to any corporation		
22	operating or proposing to operate a nonprofit hospital, medical-surgical, dental, or other		
23	health service plan unless:		
24	(1) The subscription or membership certificates which the corporation offers to its		
25	subscribers or members, together with a schedule of the dues and fees to be paid by		
26	subscribers or members, or the formula for developing dues or fees, has been filed		
27	with the commissioner in accordance with the provisions of KRS 304.32-160.		

2	which will enable the corporation to meet the expenses of the hospital, medical-
3	surgical, and other health services which are made available to its subscribers or
4	members without impairing the guarantee fund required by KRS 304.32-140, and
5	one which will not result in an accumulation of excess reserves over and above
6	reserves established for claims in process, unreported and unbilled claims,
7	retroactive cost adjustment to the purveyors of hospital, medical-surgical, and other
8	health services and membership dues or fees received in advance but not yet earned.
9	[So long as a corporation's unencumbered reserve or surplus over and above the
10	required reserves specified in this section do not exceed a sum equal to one half
11	(1/2) of the corporation's total membership dues or subscription fees received
12	during the immediate preceding calendar year, the unencumbered reserve or surplus
13	shall not be deemed an excessive accumulation for the purposes of this section.]
14	→SECTION 11. A NEW SECTION OF SUBTITLE 17A OF KRS CHAPTER
15	304 IS CREATED TO READ AS FOLLOWS:
16	(1) For purposes of this section:
17	(a) "Anticancer medications" means drugs and biologics that are used to kill,
18	slow, or prevent the growth of cancerous cells; and
19	(b) "Cost sharing" means the cost to an individual insured under an individual
20	or group health benefit plan according to any coverage limit, copayment,
21	coinsurance, deductible, or other out-of-pocket expense requirements
22	imposed by the plan.
23	(2) A health benefit plan that covers anticancer medications that are injected or
24	intravenously administered by a health care provider and patient-administered
25	anticancer medications, including but not limited to those orally administered or
26	self-injected, shall not require a higher copayment, deductible, or coinsurance
27	amount for patient-administered anticancer medications than it requires for

(2) The schedule of the dues and fees to be paid by subscribers or members is one

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1		injected or intravenously administered anticancer medications, regardless of the
2		formulation or benefit category determination by the health benefit plan.
3	<u>(3)</u>	A health benefit plan shall not comply with subsection (2) of this section by:
4		(a) Increasing the copayment, deductible, or coinsurance amount required for
5		injected or intravenously administered anticancer medications that are
6		covered under the health benefit plan; or
7		(b) Reclassifying benefits with respect to anticancer medications.
8	<u>(4)</u>	Notwithstanding any provision of this section to the contrary, an individual or
9		group health benefit plan shall be deemed to be in compliance with this section if
10		the cost sharing imposed under such a policy does not exceed one hundred
11		dollars (\$100) per prescription fill for a thirty (30) day period.
12	<u>(5)</u>	For a health benefit plan that meets the definition of a high deductible health
13		plan as defined by 26 U.S.C. 223(c)(2), to be used in conjunction with a health
14		savings account as defined by 26 U.S.C. 223(d)(1), the provisions of subsection
15		(4) of this section shall only apply after an insured's deductible has been satisfied
16		for the year.
17		→ Section 12. Sections 1 to 9 and 11 of this Act take effect January 1, 2015.

Speaker-House of Representatives

President of Senate

Attest:

Chief Clerk of House of Representatives

Approved

Governor

Date

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